

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> </div> <div style="text-align: center;"> <h2 style="margin: 0;">CLAIMS ONLY</h2> </div> </div>		<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">             Application Number  <div style="font-size: 2em; font-family: cursive;">101772823</div> </div> <div style="text-align: center;">             Filing Date  <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div> </div> <div style="border: 1px solid black; padding: 2px;">             Applicant(s)         </div>		
		* May be used for additional claims or amendments		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT	AFTER SECOND AMENDMENT
	Indep	Depend	Indep	Depend
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Total Indep				
Total Depend				
Total Claims				